

## **APPLICATION FOR CREDIT**

www.meadowsfarms.com



MAILING ADDRESS:	T FROM ABOVE):	
THISICILL ADDRESS (II DITTERE)	(TIROWINDOVE).	
CITY:	STATE:	ZIP:
E-MAIL ADDRESS:		
COUNTY: YEA	RS ESTABLISHED: YEAR	S AT ADDRESS
ACCOUNTS PAYABLE CONTACT: _	TEL	EPHONE:
TYPE OF BUSINESS:		(THIS WILL BECOME YOUR ACCOUNT TUS (CIRCLE ONE):
CORPORATION		EXEMPT
PARTNERSHIP	SALES IA	X #:
INDIVIDUALLY OWNED	FEDERAL	TAX ID:
OWNERS & OFFICERS OF THE	E COMPANY:	
NAME:		¿:
NAME:		
BUSINESS/TRADE REFERENCI	ES (PLEASE FILL IN ALL IN	NFORMATION BELOW):
	PHONE:	
	ACCOUNT #:	
COMPANY NAME:	PHONE:	
	ACCOUNT #:	
COMPANY NAME	PHONE:	
	ACCOUNT #:	
	1100001\1	
BANK REFERENCES:		
BANK NAME:	PHONE:	
ADDRESS:		
TYPE OF ACCOUNT:	ACCOUNT #:	
TYPE OF ACCOUNT:	ACCOUNT #:	
Note: Your signature as applicant is required to	to permit us to sell to you on credit terms.	APPLICANT AGREES TO PAY
ENTIRE BALANCE NET 30 DAYS, OR A FI		
Applicant hereby agrees to pay service charge up		
unless otherwise pre-arranged with the credit depa payment of any charges, applicant agrees that selle		
amounts found to be due and payable.	or shall be entired to equit easis, untorne,s	
For valuable consideration to be given, the unders applicant firm.	igned hereby guarantees to pay all indebted	ness incurred in the name of the
I hereby certify the foregoing to be true and correct	et to the best of my knowledge.	
	 Date	
Signature of Owner/Officer		
	NE: 540-854-5387 <b>E-MAIL:</b> k	meadows@meadowsfarms.com